

SPRING 2025 USP-AMP PROGRAM STUDY PLAN

This form should be filled out by the student in conversation with their undergraduate advisor and the Director of Graduate Studies for the graduate program of interest. The completed USP- AMP program plan must be submitted to gsadmissions@uky.edu by the start of priority registration.

| Name: | | | |
|--|--|--------------------------|---------------------------------|
| Last | First | | Middle |
| Student ID: | | | |
| Indergraduate College: | | Major: | |
| Overall GPA: Ho | ours Completed in | Major : | |
| Hours Remaining for Degree: | Anticip | ated Grad | uation Term/Year: |
| Graduate Program of Interest: | | | |
| GRADUATE COURSES: | | | |
| UNDERGRADUATE STUDIES) Graprogram, pending DGS approval. Please list only the courses you in | duate credit will be Until then these c | e awarded ourses wil | l be undergraduate credit only. |
| Course Prefix/Number/ Section | Credit hours | Term | Instructor Name |
| | | | |
| | | | |
| | | | |
| If you elect to take a different graform listing those classes to gsa | dmissions@uky.e | e <mark>du</mark> before | the start of the term. |
| | | | Date: |
| STUDENT SIGNATURE | | | |
| | | | Date: |
| UNDERGRADUATE ADVISOR - F | PRINT AND SIGN | | |